

**EMPLOYMENT/APPLICATION HISTORY AND AGREEMENT TO RELEASE  
ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM RECORDS**

I, (Name of individual), understand that as a condition of seeking employment with (Name of prospective employer) in a safety-sensitive position, I must disclose all prior aviation employers (including air taxi/commuters, repair stations, etc.) to which I applied to perform or for which I performed safety-sensitive functions since December 18, 1989 (the date on which FAA-mandated drug testing began).

I further understand that, using the form provided by (Name of prospective employer), I must authorize and direct each such employer to release to (Name of prospective employer) any antidrug and alcohol misuse prevention program records pertaining to me and created and maintained under applicable Federal regulations. I agree that the information released can be used to determine whether I should be employed by (Name of prospective employer) in a safety-sensitive position.

I certify that the information below is complete and accurate, and I understand that if I falsify or omit any information I may be disqualified from consideration for hiring or placement in a safety-sensitive position.

**EMPLOYMENT/APPLICATION HISTORY:**

[illegible]

(Signature of individual)

(Date)

# ***AUTHORIZATION FOR RELEASE OF ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM RECORDS***

I, (Name of individual), authorize and direct  
(Name or title of record custodian, Company name) to release  
any records pertaining to me and created and maintained by  
(Company name) that fall within any of the categories  
below to:

(Name of recipient)

(Company name)

(Company address)

1. Results of all drug and alcohol tests taken by me under the auspices of the Federal Aviation Administration's (FAA) antidrug and alcohol misuse prevention program regulations.
2. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing.
3. Records of any determinations that I engaged in alcohol misuse in violation of FAA regulations.
4. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation undertaken by me following a violation of FAA regulations.

I request that information be disclosed in writing only, by mail or secure facsimile; provided, however, that if no records exist that are responsive to this release, that information may be disclosed telephonically.

Further disclosure of this information within (Recipient company name) is authorized only to the extent such disclosure is necessary to determine whether I should be employed by (Recipient company name) in a safety-sensitive position.

(Signature of individual)

(Date)

This release expires 6 months from the above date.

